



CONSUMER PRICE GUIDE

Revised January 1, 2018

General Charge Information

Memorial Hospital abides by all state and federal charging and billing regulations for hospital based healthcare services. The following information is published in accordance with Ohio House Bill No. 197 to allow consumers the opportunity to review hospital charges for selected medical services. Although the information provides basic charge information it ***is not all inclusive of the potential charges*** for a given service. It does not include items such as non-routine supplies and medications that can vary significantly among patients. If more detailed or additional information is needed for specific services, please contact us at **mhuccharge@memorialohio.com** or **(937) 578-2579**.

This hospital published charge information includes the following:

- Cardiac Cath Lab Services
- Delivery Room Services
- Emergency Department Services
- Laboratory Services
- Occupational Therapy Services
- Operating Room Services
- Pain Management Services
- Physical Therapy Services
- Radiological/x-ray Services
- Respiratory Therapy Services
- Sleep Lab Services
- Wound Care Services
- Inpatient Room and Board rates & Observation Room rates

Memorial Hospital makes every effort to ensure that hospital bills are complete and accurate and is willing to provide financial assistance to those patients who are experiencing difficulty in paying their bills. The hospital participates in the Hospital Care Assurance Program (HCAP) that provides a sliding scale discount based on income and household size. Interest is not charged on unpaid, billed accounts. For more information on payment assistance, please contact the hospital via e-mail at **mhuccharge@memorialohio.com** or by phone at **(937) 578-2564**.

The information contained here does not include detail on physician charges for radiology, laboratory, surgical, cardiology or emergency services. For physician charge information, please contact the following businesses.

Emergency Department Physicians

TEAMHealth: (877) 821-2902

Radiologists (X-ray readings)

Mid-Ohio Radiology: (614) 791-1300 or (800) 538-2744

Pathology and Cardiology (pathology and EKG readings)

OSU Physicians: (614) 255-1000 or (888) 886-8446

Anesthesia

Rural Anesthesia Management: (859) 655-8558

Average Total Charges (inclusive of all charges)

The 5 Most Common Inpatient Surgical Procedures

Total Abdominal Hysterectomy	26,730.00
Laparoscopic Cholecystectomy (Gallbladder removal).....	37,593.00
Closed Reduction Internal Fixation of Femur Fracture	32,959.00
Total Knee Replacement.....	35,200.00
Total Hip Replacement.....	43,365.00

The 5 Most Common Outpatient Surgical Procedures

Colonoscopy with Biopsy-45380	4,085.00
Esophagogastroduodenoscopy (Upper GI Scope) With Biopsy-43239.....	4,572.00
Colonoscopy-45378	3,517.00
Colonoscopy with Polypectomy-45384.....	3,922.00
Esophagogastroduodenoscopy (Upper GI Scope)-43235	3,175.00

Cardiac Cath Lab Charges

Description	Charge
Est Insertion/replace of permanent implantable defib system-33249.....	58,595.00
Est Removal/replace of pacemaker pulse generator dual lead system-33228.....	20,663.00
Est Removal/replace of pacemaker pulse generator single lead system-33227	18,120.00
Est charge for Implantation of patient-activated cardiac event recorder-33282	13,898.00
Cardioversion, elective, electrical conversion of arrhythmia; external-92960.	3,995.00
Est Tilt Table-93660.....	2,961.00
Est charge for Left Heart Artery / Ventricle Angiography-93458	12,762.00
Est charge for Left Heart Artery / Graft Angiography-93459	18,550.00
Est charge for Right & Left Heart Artery/Ventricle Angiography-93460.....	15,935.00

Labor & Delivery Room Charges

Description	Charge
Monitor-Fetal Heart-Per Hour-59050.....	200.00
Monitor-Neonatal	178.00
Delivery Room	630.00
Amniocentesis-59000.....	419.00

Labor & Delivery Room Charges Continued

Laboring Epidural per Hour	154.00
Laboring Monitoring per Hour.....	92.00
OB Recovery 1st Hour	450.00
OB Recovery Room/15 Minutes Additional	98.00
OB C-Section 1st 15 Minutes	4,065.00
OB C-Section Each Additional 15 Minutes	910.00

Average Total Delivery Charges

(Includes all medications, supplies and hospital services for mother and single infant)

Median Normal Vaginal Delivery Hospital Charge.....	10,756.00
Median Uncomplicated C-Section Delivery Hospital Charge	23,904.00

Emergency Department Charges

Description	Charge
ED Levels of Care	
Emergency Room Level 1-99281	300.00
Emergency Room Level 2-99282	600.00
Emergency Room Level 3-99283	1,000.00
Emergency Room Level 4-99284	1,200.00
Emergency Room Level 5-99285	1,500.00
Emergency Room Level Critical-99291	2,900.00
ED Procedures	
Arthrocentesis of Joint, Needle Aspiration or Injection-20610.....	687.00
Blood Product Transfusion-36430	1,200.00
Central Vein IV Line Insertion-36556.....	1,159.00
Electrocardioversion of Heart-92960	1,226.00
Endotracheal Intubation - Breathing Tube Insertion-31500	782.00
Foley Catheter Insertion-51702	355.00
Lab Draw – ER Staff-36415	30.00
Injection, IV push, Initial-96374	238.00
Injection, each additional sequential IV push of new substance/drug-96375 .	213.00
Injection, Subcutaneous or intramuscular-96372.....	191.00
IV Hydration, initial, up to one hour-96360	367.00
IV Hydration, each additional hour-96361	138.00
IV Infusion Therapy, Additional Sequential, Up to 1 Hour-96367	184.00
IV Infusion Therapy, Concurrent-96368	225.00

Emergency Department Charges Continued

IV Infusion Therapy, Initial, Up To One Hour-96365.....	367.00
IV Infusion Therapy, each additional hour-96366	145.00
Therapeutic, prophylactic, or diagnostic injection; IV push initial-96374	238.00
Therapeutic, prophylactic, or diagnostic injection; ea. add' l IV push new drug-96375.....	213.00
PICC Insertion (Peripheral Central IV Line)-36569.....	1,238.00
Straight Catheter Insertion for Urine-51701	280.00
Immunization Administration through 18 years of age 1 st Component-90460	55.00
Immunization Administration through 18 years of age Additional Component-90461	55.00
Vaccine Administration Adult-90471.....	55.00

Laboratory Charges

Description	Charge
Complete Blood Count (CBC) with Auto Differential-85025	56.00
Complete Blood Count (CBC) Without Auto Differential-85027	45.00
Basic Metabolic Panel F8-80048.....	95.00
Comprehensive Metabolic Panel-80053.....	202.00
Lipid Panel-80061	120.00
Ha ₁ C Marysville-83036.....	100.00
Glucose-82947.....	38.00
Cholesterol-82465.....	53.00
Creatinine Serum-82565	45.00
BUN-84520	45.00
B12-82607	62.00
Electrolyte Panel-80051	46.00
Troponin-I-84484	70.00
Urinalysis - Dipstick Only-81003	30.00
Urinalysis; Auto with Microscopy-81001.....	39.00
Culture – Urine-87088.....	120.00
PTT-85730.....	66.00
TSH-High Sensitivity-84443	120.00
TSH-Reflex-84443	120.00
Magnesium-83735	45.00
Gross & Micro / Level IV-88305	486.00
Lipase-83690	90.00
Potassium-84132	41.00
Sensitivity-87186.....	110.00
Venipuncture-36415.....	30.00

Occupational Therapy Charges

Description	Charge
Activities of Daily Living Mobility - 15 Minutes-97535	116.00
Aquatic Therapy Exercises Each 15 minutes-97113	150.00
Dynamic Functional Activity - 15 Minutes-97530	172.00
Fluidotherapy - Whirlpool Therapy-97022	114.00
Joint Mobilization - 15 Minutes-97140	168.00
Manual Therapy Each 15 Minutes-97140	168.00
Massage Therapy -15 Minutes-97124.....	138.00
Myofascial Release -15 Minutes-97140.....	168.00
Occupational Therapy Evaluation-97165, 97166, 97167	348.00
Occupational Therapy Re Evaluation-97168	159.00
Paraffin - One Area -15 Minutes-97018.....	106.00
Patient Education/Instruction - 15 Minutes-97535	116.00
Sensory Integrative Techniques-97533.....	89.00
Therapeutic Exercise - Limited - 15 Minutes-97110	155.00
Therapeutic Procedure Group - 2 or More-97150.....	50.00
Ultrasound Attended - 15 Minutes-97035.....	135.00

Operating Room Charges

Description	Charge
Eye Minor - 1st 15 Minutes	1,848.00
Eye Major - 1st 15 Minutes	3,164.00
Minor - 1st 15 Minutes.....	2,200.00
Intermediate - 1st 15 Minutes.....	3,850.00
Major - 1st 15 Minutes.....	4,400.00
Minor - Additional 15 Minutes.....	714.00
Intermediate - Additional 15 Minutes	827.00
Major - Additional 15 Minutes.....	1,093.00

Pain Management Charges

Description	Charge
Office/Outpatient Visit New Level 1-99201	153.00
Office/Outpatient Visit New Level 2-99202	179.00
Office/Outpatient Visit New Level 3-99203	231.00
Office/Outpatient Visit New Level 4-99204	318.00
Office/Outpatient Visit New Level 5-99205	391.00
Office/Outpatient Visit Established Level 1-99211	149.00
Office/Outpatient Visit Established Level 2-99212	171.00
Office/Outpatient Visit Established Level 3-99213	195.00
Office/Outpatient Visit Established Level 4-99214	243.00
Office/Outpatient Visit Established Level 5-99215	334.00
EMG – 1 Extremity-95860	218.00
EMG – 2 Extremities-95861	250.00
EMG – 3 Extremities-95863	281.00
EMG – 4 Extremities-95864	313.00
Nerve Conduction Studies 1-2-95907	195.00
Nerve Conduction Studies 3-4-95908	444.00
Nerve Conduction Studies 5-6-95909	531.00
Nerve Conduction Studies 7-8-95910	702.00
Destroy Lumbar/Sacral Facet Joint-64635	3,655.00
Destroy Lumbar/Sacral Joint each additional Facet Joint-64636	3,248.00
Destroy Cervical/Thoracic Facet Joint-64633	3,655.00
Inject Foramen Epidural Lumbar/Sacral Bilateral procedure-64483	2,280.00
Inject Foramen Epidural Lumbar/Sacral-64483	1,520.00
Inject Foramen Epidural ea. add'l level-64484	1,229.00
Inject Paravertebral Facet Joint Lumbar/Sacral 1 Level Bilateral procedure-64493	3,390.00
Inject Paravertebral Facet Joint Lumbar/Sacral 2 Level Bilateral procedure-64494	2,171.00

Physical Therapy Charges

Description	Charge
Aquatic Therapy with Therapeutic Exercise - 15 Minutes-97113	150.00
Dynamic Functional Activities - 15 Minutes-97530	172.00
EMS - Electrical Stimulation – Unattended-97014	111.00
Exercise-Therapeutic - 15 Minutes-97110	155.00
Gait Training - 15 Minutes-97116	152.00

Physical Therapy Charges Continued

Myofascial Release - 15 Minutes-97140.....	168.00
Neuromuscular Re-Education - 15 Minutes-97112.....	151.00
Patient Education Instruction - Additional 15 Minutes-97535.....	116.00
Physical Therapy Evaluation-97163, 97161, 97162	372.00
Physical Therapy Re-Evaluation-97164	216.00
Physical Performance test - per 15 Minutes-97750	164.00
Sports Performance Evaluation / Consult.....	153.00
Sports Performance Evaluation / Consult / Nutrition.....	218.00
Therapeutic Activities - Group - 15 Minutes-97150.....	50.00
Therapeutic Activities - Includes Function Performance - 15 Minutes-97530.	172.00
Traction - Mechanical – Supervised-97012	134.00
Traction-Manual Therapy - 15 Minutes-97140.....	168.00
Ultrasound Therapy - 15 Minutes-97035	135.00
Vasopneumatic Device Therapy 1 + areas-97016.....	85.00
Work Conditioning per hour- W0710	103.00

Radiology Charges

Description	Charge
X-Rays	
Abdomen and Posterior, Anterior Chest-74022.....	599.00
Cervical 5 view/Oblique-72050.....	678.00
Chest Posterior, Anterior and Lateral-71020	471.00
Chest Posterior, Anterior Only-71010.....	410.00
Portable Chest Posterior, Anterior Only-71010.....	410.00
Cross Fire Abdomen- 74000	372.00
DexaScan-77080	594.00
Foot, 3 views-73630.....	496.00
Hand-73130	513.00
Hip-73502	428.00
Knee X-Ray, 1-2 views-73560.....	380.00
Ankle-73610.....	461.00
Lumbar Spine-AP & Lateral/Oblique, 4views-72110.....	772.00
Mammography Diagnostic Bilateral-23054.....	395.00
Mammography Screening Bilateral-77067	164.00
Shoulder-73030	522.00
Upper GI Tract with Double Contrast-74246	1,100.00
Wrist-73110	538.00

Radiology Charges Continued

CT Scans

CT Abdomen with Contrast-74160	1,911.00
CT Angiography Chest with Contrast-71275	2,000.00
CT Cervical without Contrast-72125.....	1,500.00
CT Head without Contrast-70450	1,120.00
CT Head with and without Contrast-70740.....	1,520.00
CT Pelvis with Contrast-72193.....	1,915.00
CT Thorax without Contrast-71250	1,339.00
CT Thorax / Chest with Contrast-71260	1,758.00
CT Stone Study-74150.....	1,715.00

MRI

MRI Brain, with and without Contrast-70553	1,832.00
MRI Brain, without Contrast-70551	1,843.00
MRI Cervical Spine, Without Contrast-72141	1,679.00
MRI Lower Extremity Joint Only without Contrast-73721.....	1,533.00
MRI Lumbar Spine, Without Contrast-72148.....	1,741.00
MRI Upper Extremity Joint Only without Contrast-73221.....	1,636.00

Ultrasound

Ultrasound Abdominal/Complete-76700.....	946.00
Ultrasound Abdominal/Limited-76705	826.00
Ultrasound Pelvis/Complete-76856.....	870.00
Ultrasound Renal/Limited/No Bladder-76775	738.00
Ultrasound Renal and Bladder Complete-76770	1,020.00
Ultrasound Thyroid and or Neck-76536.....	894.00

Respiratory Therapy Charges

Description	Charge
Bronchodilator Response Pre and Post Dilator Administration-94060	863.00
Nebulizer Therapy-94640.....	95.00
Breathing Exercise Instruction-94664.....	175.00
EEG (Electroencephalogram) Awake & Asleep-95819.....	1,552.00
EEG Extended Monitoring, 41-60 minutes-95812	1,418.00
EKG Standard 12 Lead (initial)-93005.....	160.00
Holter Monitor up to 48 hours-93225.....	599.00
Holter Analysis with report-93226.....	931.00

Respiratory Therapy Charges Continued

Ventilator Assistance & Mgmt, Initial Day-94002	882.00
Ventilator Subsequent Days-94003.....	604.00
CPAP Ventilation Initiation and Management-94660	394.00
Arterial Puncture-36600	125.00
Oximetry, Multiple Determinations-94761.....	191.00
Oximetry, Single Determination-94760.....	124.00
Spirometry-94010	463.00
Respiratory Medication	22.05
Inhalation Medication	4.20
Oxygen Daily	126.00

Sleep Lab Charges

Description	Charge
Sleep Study Unattended-95800	700.00
Multi Sleep Latency Test / Maintenance of Wakefulness Testing-95805	3,780.00
Sleep Polysomnography, w/4 +Parameters (limited study)- 95810.....	3,651.00
Sleep Polysomnography w/4 + Parameters-95810.....	5,375.00
Sleep Polysomnography w/ CPAP / BIPAP-95811	5,700.00

Wound Care Charges

Description	Charge
Office/Outpatient Visit – New Patient – Level 1-99201	299.00
Office/Outpatient Visit – New Patient – Level 2-99202	389.00
Office/Outpatient Visit – New Patient – Level 3-99203	511.00
Office/Outpatient Visit – New Patient – Level 4-99204	678.00
Office/Outpatient Visit – New Patient – Level 5-99205	927.00
Office/Outpatient Visit – Established Patient – Level 1-99211	265.00
Office/Outpatient Visit – Established Patient – Level 2-99212	350.00
Office/Outpatient Visit – Established Patient – Level 3-99213	450.00
Office/Outpatient Visit – Established Patient – Level 4-99214	511.00
Office/Outpatient Visit – Established Patient – Level 5-99215	678.00
Hyperbaric Oxygen Therapy-99183	3,200.00
Skin Substitute Graft Trunk/Arm/Leg-15271.....	6,500.00

Wound Care Charges Continued

Skin Substitute Graft Face/Neck/Hand/Foot-15275.....	4,725.00
Debridement, subcutaneous first 20 square cm or less-11042.....	1,116.00
Debridement, subcutaneous each additional 20 square cm-11045.....	1,313.00
Negative Pressure Wound Therapy less than or equal to 50 square cm-97607.....	563.00
Negative Pressure Wound Therapy greater than 50 square cm-97606.....	763.00
Selective Wound Debridement 20 square cm or less-97597.....	713.00

Inpatient Room and Board Rates

Description	Charge
Intensive Care.....	1,696.00
Intermediate Care.....	1,360.00
Medical on ICU.....	1,162.00
Medical/Surgical (Morey Center).....	718.00
Nursery.....	505.00
Obstetrics.....	670.00
Telemetry (Morey Center).....	1,023.00

Observation Room Charges

Description	Charge
Intensive Care (per hour rate).....	70.65
Medical on ICU (per hour rate).....	48.43
Intermediate Care (per hour rate).....	56.65
Medical on Stepdown (per hour rate).....	42.61
Medical/Surgical Morey Center (per hour rate).....	29.93
Medical/Surgical Telemetry Morey Center (per hour rate).....	42.61
Obstetrics (per hour rate).....	27.91